

The Rural Wisconsin Health Cooperative (RWHC) wholeheartedly supports the proposed rule changes in the matter of the Rural Health Care Support Mechanism, Docket No. 02-60.

Incorporated in 1979, RWHC is a cooperative network of 28 non-profit, rural Wisconsin hospitals, and is nationally recognized as one of the country's earliest and most successful models for collaboration, networking and advocacy. For the past year, we have been integrally involved in the USF application process on behalf of ourselves and our members - with mixed results.

Specifically, we encourage the FCC to adopt the following changes to the rural health care universal service support mechanism:

Eligible Health Care Providers - The FCC should expand the current definition of health care providers to include nursing homes AND clarify its definition of "consortia". In Funding Years 4 and 5, RWHC submitted Form 465s after being told by the RHCD staff that we were eligible as a "consortium" member. RWHC was (is) applying for credit on a wide range of internal, telecommunications services that provide a direct benefit to our members through shared staffing, management and communication. Several months after our application was posted on the RHCD web site, we received a call from the program director informing us that we did not qualify because we were not a health care provider. While we understand the the FCC's need to guard against fraud and abuse (i.e. large, for-profit health systems receiving credit through their rural partners), it is obvious that RWHC meets the published eligibility criteria as well as the spirit of the program. These criteria need to be clarified and the appeals process made simple.

Internet Access - The FCC should allow expanded credits for Internet services, including access charges.

In addition, the FCC should configure the rural health care program so it closely models the schools and libraries program to the greatest extent possible. This should include allowing a "lead agency" like RWHC to submit a single application (465) on behalf of all the consortium members. Also, the program should offer discounts for equipment/hardware related to telecommunications activities, not just connectivity costs.

Incorporating these changes would go a long way to streamline operations, increase the number of successful applicants, and ultimately improve the quality of health care in rural America.

Respectfully submitted,

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